## Case:17-03283-LTS Doc#:19013-1 Filed:11/02/21 Entered:11/02/21 11:27:02 Desc: Pro se Notices of Participation Page 1 of 6

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, 1. if any: Participant's Name: 6 Los Picahos St. Cordin Place 87 Participant's Address: Participant's Email Address: Oandiwheets Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17 BK 3283 - LTS Claim Number: Confirmation of Commonwealth Plan of Adjustment Nature of Claim: By: Signature Title (if Participant is not an individual)

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Orlando Andino Fluertas Doc#:19013-1 Filed:11/02/21 Entered:11/02/21 11:27:02 Pro se Notices of Participation Page 2 of 6

Lomas de Carolia, B-6

Picados, Carolia, Pl. 00987

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SLESSINGE DOOR

United States District Court
Clerk's Office
150 Ave. Carlos Chardon
Ste. 150
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1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Dicia participant's Email Address:

Dicia participant's Email Address:

Dicia participant's Email Address:

Dicia participant's Claim

Name of Counsel:

Licia participant's Claim number and the nature of Participant's Claim:

Claim Number:

Dicia Participant's Claim:

Dicia Participant's Claim:

Dicia Participant's Claim:

Title (if Participant is not an individual)

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Leticia Percira Honzoa Participant's Name: Participant's Address: Uns hora Walley, calle Civasol F-231, Canovanes, P.

Participant's Email Address: Leticia perciva 3119 @ qmail · Can Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17-03 283 Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

ii any:	CL TOWN
Participant's Name:	Leticia Pereim Honzola CT COLI
Participant's Address:	Urb. Lolza Valley, calle Cirasol F-231, carévaras, ?
Participant's Email Address	alat is a constitution of the state of the s
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	17 - 63 - 283
Nature of Claim:	124 934
By: Salicia Dan	in Yours il
Signature Clap Probe	Marsol
Print Name	
Title (if Participant	
29   000   3	1201
Date	

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Ms.h. Pereira
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Candvanas PR 00729





United States District Court, Clerks, Office, 150 Aur. Carlos CHardon Ste. 150, San Tuan, PR 00918-1767

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